

AFFIDAVIT

1. I am an adult and competent to make this affidavit.

2. My Name is _____.

3. My mailing address is _____.

4. I own/control (select one) the property at _____.

Indianapolis, Marion County, Indiana ("Property").

5. The vehicle described as _____.

has remained on the Property without my consent for more than forty-eight (48) hours.

6. I hereby request the assistance of an officer under Section 9-22-1-15 and 9-22-1-18 of the Indiana Code to have the vehicle described above removed from the Property as an abandoned vehicle.

Further affiant sayeth not.

I swear or affirm under the penalties for perjury that the foregoing is true.



(Signature)

(Printed Name)

(Date)

(Phone Number)